

United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

29

Annual Disposal/Injection Well Monitoring Report

Operator: JONES AND BUCK DEV CO
P O BOX 68
SEDAN KS 67361

Owner: JONES AND BUCK DEV CO
P O BOX 68
SEDAN KS 67361

State: OK County: OSAGE

Inventory Number: OS6196000

Qtr Section: SW Section: 05

Township: 24N

Range: 05E

Surface Location: 1005S/1650W

Well Activity

Type of Permit

Lease Name

Well Number

Disposal

☐ Individual

1-S

No. of Wells: _____

☐ Area

Stith #1-S

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jul 2016	Vac		75000			
Aug 2016	Vac		74400			
Sep 2016	Vac		43555			
Oct 2016	Vac		45000			
Nov 2016	Vac		38550			
Dec 2016	Vac		39835			
Jan 2017	Vac		54250			
Feb 2017	Vac		49000			
Mar 2017	Vac		54250			
Apr 2017	Vac		52500			
May 2017	Vac		54250			
Jun 2017	Vac		52500			

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title:

Signature:

Date Signed:

Tim Doty--Bookkeeper

Tim Doty

August 10, 2017

Entered



United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

29

Annual Disposal/Injection Well Monitoring Report

Operator: JONES AND BUCK DEV CO
P O BOX 68
SEDAN KS 67361

Owner: JONES AND BUCK DEV CO
P O BOX 68
SEDAN KS 67361

State: OK County: OSAGE

Inventory Number: OS6196000

Qtr Section: SW Section: 05

Township: 24N

Range: 05E

Surface Location: 1005S/1650W

Well Activity

Disposal

No. of Wells: _____

Type of Permit

☐ Individual

☐ Area

Lease Name

Stith

Well Number

1-S

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jul 2015	Vac		69000		0	
Aug 2015	Vac		69000		0	
Sep 2015	Vac		66000		0	
Oct 2015	Vac		69000		0	
Nov 2015	Vac		66000		0	
Dec 2015	Vac		69000		0	
Jan 2016	Vac		69000		0	
Feb 2016	Vac		65000		0	
Mar 2016	Vac		69000		0	
Apr 2016	Vac		66000		0	
May 2016	Vac		69000		0	
Jun 2016	Vac		66000		0	

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Name and Official Title:

Tim Doty--Bookkeeper

Signature:

Tim Doty

Date Signed:

July 26, 2016

Entered

United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

29

Annual Disposal/Injection Well Monitoring Report

Operator: JONES AND BUCK DEV CO
P O BOX 68
SEDAN KS 67361

Owner: JONES AND BUCK DEV CO
P O BOX 68
SEDAN KS 67361

State: OK County: OSAGE

Inventory Number: OS6196000

Qtr Section: SW Section: 05

Township: 24N

Range: 05E

Surface Location: 1005S/1650W

Well Activity

Disposal

No. of Wells: _____

Type of Permit

☐ Individual

☐ Area

Lease Name

Stith

Well Number

1-S

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jul 201 4 4	Vac		69000		0	
Aug 201 5 4	Vac		69000		0	
Sep 201 5 4	Vac		66000		0	
Oct 201 5 4	Vac		69000		0	
Nov 201 5 4	Vac		66000		0	
Dec 201 5 4	Vac		69000		0	
Jan 201 6 5	Vac		69000		0	
Feb 201 6 5	Vac		64000		0	
Mar 201 6 5	Vac		69000		0	
Apr 201 6 5	Vac		66000		0	
May 201 6 5	Vac		69000		0	
Jun 201 6 5	Vac		66000		0	

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Name and Official Title:

Tim Doty/Bookkeeper

Signature:

Tim Doty

Date Signed:

July 28, 2015

Entered

Mechanical Integrity Test Results

SCAN CODE: 28

Casing or Annulus Pressure Test

Osage Nation / Environmental Protection Agency

P.O. Box 1495

Pawhuska, OK 74056

Inspector: J. Andrew YatesTest Date: 09/05/2014 Test Time: 9:15 AMOperator Representative: JOHN LONG

Date Report Sent to Operator: _____

General Well Data

Operator: Chaparral Energy - 158Inventory Number: OS6196701 Cedar Lake Blvd.API Well No.: 35-113-43555-00-00OKC, OK 73114Well Name/No.: StithLocation: SW 5 24N 5E 1005S - 1650WPhone: (405) 426-4397

Field name: _____

Injection Interval: 3705 - 4848 USDW Bot: 240Well Type: SWDAnnulus Fluid Type: _____ Concentric Pkr: - Packer Depth: 3681 Casing: 7.000 in. Tubing: ##### in.

Tubing and Annulus Pressure Test Results

Type of MIT: Std. Annulus Pres. TestTest Reason: 5-year TestInj. Status: N Inj. Rate: _____ bpd Tubular Lining: Seal-tite Dual Time Since Ann Filled: _____ Hrs

	Time	Tubing Pressure	Time	Annulus Pressure
Pre-Test:		<u>0</u>		<u>0</u> psi
Initial:	<u>9:15 AM</u>	<u>0</u>		<u>200</u> psi
Mid:	<u>9:30 AM</u>	<u>0</u>		<u>200</u> psi
Final:	<u>9:45 AM</u>	<u>0</u>		<u>200</u> psi

Flowback	Pressure	Volume
High:	<u>200</u> psi	
Mid:	<u>100</u> psi	<u>4000</u> ml
Low:	<u>20</u> psi	<u>3500</u> ml
End:	<u>0</u> psi	<u>1500</u> ml
Total Volume:		<u>9000</u> ml

Casing/Tubing Annulus Monitoring

Device: _____

Fluid Level: _____ Annulus Prs: _____ psi

Test Result: Acceptable

Failure Type: _____

Failure Cause: _____

Repair Due: _____

Engineer Signature: Rick L. DavisReview Date: 09/08/2014

ADA Pressure Test - Required Test Pressure

(Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure)

	Tubing	Annulus
Depth to Top Perf/Open Hole:	_____ ft	_____ ft
Depth to Fluid Level:	_____ ft	_____ ft
Fluid Column Height:	_____ ft	_____ ft
Specific Gravity of Fluid:	<u>1.06</u>	<u>1.06</u>
Nitrogen Weight Factor:	_____	_____
Required Test Pressure:	_____ psi	_____ psi

Additional Comments for Mechanical Integrity Test

COMPNY R&R 4.5" CERAMIC TBG. W/ 4.5"SEALTITE TBG. & 7" PKR. @ 3681'

Received Date: 9/15/2014

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495

Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: 9/5/2014 9:15:00 AM Duration: 0.8
Operator Representative: JOHN LONG Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: Chaparral Energy Inventory No.: OS6196 API Well No. 35-113-43555-00-00
701 Cedar Lake Blvd. Well Name/No.: _____ Stith 1-S Status: _____
OKC, OK 73114 Location: SW 5 24N 5E 1650W - 1005S Well Type: SWD
Phone: (405) 426-4397 Field Nm: _____ Lat/Lng: 36.582054, 96.79425 G

ROUTINE W/MIT INSPECTION

Purpose: _____ Responsible Company at Time of Inspection: Chaparral Energy
Inspect No.: iJAY1425138521 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 9/5/2014 Test Result: _____ Casing: 7.000 in. Tubing: 4.500 in. USDW: 240 ft subsurf

Monitoring Device Elected: _____	Tubing	Annulus	
Monitoring Device: _____	Y	Y	AUTHORIZED
FLM Canister Pressure: _____	Actual Pressure: <u>0</u>	<u>0</u>	Max Pressure: <u>0</u>
Lease Status: <u>Active</u>	How Determined?: <u>UIC</u>	<u>UIC</u>	Min Req Press: _____
Barrel Monitor Hooked Up?: _____	Static Fluid Level: _____	<u>0</u>	Max Rate: _____
Barrel Fluid Level (%): _____	How Determined?: _____	<u>O</u>	
Flowline Hooked Up?: <u>Y</u>	Injection Rate (bpd): _____	How Rate Determined? _____	
Injecting?: <u>N</u>			

Comments

ACTIVE WELL, HELD PRESSURE-OK.

Evaluation: Name:  Date: 10-10-14

Inspection Results: 1 Follow-up: A Reason: See

Violation Code: None Frequency: NR

Received Date: 9/15/2014

United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

Received

SEP 09 2014

29

Annual Disposal/Injection Well Monitoring Report

6EN-W

Operator: JONES AND BUCK DEV CO
P O BOX 68
SEDAN KS 67361

Owner: JONES AND BUCK DEV CO
P O BOX 68
SEDAN KS 67361

State: OK County: OSAGE

Inventory Number: OS6196000

Qtr Section: SW Section: 05

Township: 24N

Range: 05E

Surface Location: 1005S/1650W

Well Activity

Disposal

No. of Wells: _____

Type of Permit

☐ Individual

☐ Area

Lease Name

Stith

Well Number

1-S

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jul 2013	Vac		54900		0	
Aug 2013	Vac		56300		0	
Sep 2013	Vac		68600		0	
Oct 2013	Vac		69400		0	
Nov 2013	Vac		66100		0	
Dec 2013	Vac		45400		0	
Jan 2014	Vac		45200		0	
Feb 2014	Vac		66900		0	
Mar 2014	Vac		72000		0	
Apr 2014	Vac		66000		0	
May 2014	Vac		69000		0	
Jun 2014	Vac		66000		0	

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Name and Official Title:

Tim Doty
Bookkeeper

Signature:



Date Signed:

July 30, 2014

Entered

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495
Pawhuska, OK 74056Inspector: J. Andrew Yates Dt/Tm Inspected: 7/24/2013 12:15:00 PM Duration: 0.3
Operator Representative: PUMPER Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: Chaparral Energy Inventory No.: OS6196 API Well No. 35-113-43555-00-00
701 Cedar Lake Blvd. Well Name/No.: _____ Stith I-S _____ Status: _____
OKC, OK 73114 Location: SW 5 24N 5E 1650W - 1005S Well Type: SWD
Phone: (405) 426-4397 Field Nm: _____ Lat/Lng: 36.582054, 96.79425 G

ROUTINE UIC INSPECTION

Purpose: Routine Periodic Responsible Company at Time of Inspection: Chaparral Energy
Inspect No.: iJAY1321034459 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 8/14/2009 Test Result: _____ Casing: 7.000 in. Tubing: 4.500 in. USDW: 240 ft subsurfMonitoring Device Elected: _____
Monitoring Device: _____
FLM Canister Pressure: _____
Lease Status: Active
Barrel Monitor Hooked Up?: _____
Barrel Fluid Level (%): _____
Flowline Hooked Up?: Y
Injecting?: Y

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	AUTHORIZED
Actual Pressure:	<u>-29</u>	<u>0</u>	Max Pressure: <u>0</u>
How Determined?:	<u>UIC</u>	<u>UIC</u>	Min Req Press: _____
Static Fluid Level:	_____	_____	Max Rate: _____
How Determined?:	_____	_____	
Injection Rate (bpd):	_____	_____	How Rate Determined? _____

Comments

ACTIVE WELL.Evaluation: Name: *Forrest G. Jones* Date: 8/21/13
Inspection Results: 1 Follow-up: A Reason: Sec
Violation Code: None Frequency: NR Received Date: 7/30/2013

United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

29

**Annual Disposal / Injection Well
Monitoring Report**

Operator: CHAPARRAL ENERGY, L.L.C. 701 CEDAR LAKE BOULEVARD OKLAHOMA CITY, OK 73114	Owner: CHAPARRAL ENERGY, L.L.C. 701 CEDAR LAKE BOULEVARD OKLAHOMA CITY, OK 73114
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State: OK County: OSAGE Inventory Number: OS6196000
Quarter Section: SW Section: 5 Township: 24N Range: 5E
Surface Location: 1005S/1650W

Well Activity	Type of Permit	Lease Name	Well Number
Brine Disposal/ Enhanced Oil Recovery No. of Wells: <u>1</u>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Area	<u>STITH</u>	1-S

Mth/Yr	INJECTION PRESSURE		INJECTION VOLUME INJECTED		TUBING/CASING ANNULUS PRESSURE OPTIONAL MONITOR	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jul-12	VAC		39,410			
Aug-12	VAC		39,439			
Sep-12	VAC		40,950			
Oct-12	VAC		54,650			
Nov-12	VAC		73,326			
Dec-12	VAC		73,313			
Jan-13	VAC		46,577			
Feb-13	VAC		34,193			
Mar-13	VAC		58,465			
Apr-13	VAC		52,683			
May-13	VAC		36,190			
Jun-13	VAC		21,458			

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Name and Official Title	Signature	Date Signed
ERWIN PINO		07/26/2013
REGULATORY ENGINEER		

29

**United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733**

Annual Disposal/Injection Well Monitoring Report

Operator: CHAPARRAL ENERGY, LLC
701 CEDAR LAKE BOULEVARD
OKLAHOMA CITY OK 73114

Owner: CHAPARRAL ENERGY, LLC
701 CEDAR LAKE BOULEVARD
OKLAHOMA CITY OK 73114

State: OK **County:** OSAGE

Inventory Number: OS6196000

Qtr Section: SW **Section:** 05

Township: 24N

Range: 05E

Surface Location: 1005S/1650W

Well Activity

Disposal

No. of Wells: 1

Type of Permit

☒ Individual

☐ Area

Lease Name

Stith

Well Number

1-S

Month/Year	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jul 2011	150		75,908			
Aug 2011	160		81,155			
Sep 2011	180		106,252			
Oct 2011	150		82,827			
Nov 2011	170		96,906			
Dec 2011	150		82,312			
Jan 2012	100		49,624			
Feb 2012	130		62,043			
Mar 2012	100		47,462			
Apr 2012	110		58,277			
May 2012	120		63,502			
Jun 2012	110		57,134			

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Name and Official Title:

Erwin Pino
Regulatory Engineer

Signature:

Erwin Pino

Date Signed:

07/23/2012

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495
Pawhuska, OK 74056Inspector: J. Andrew Yates Dt/Tm Inspected: 9/28/2011 1:15:00 PM Duration: 0.3
Operator Representative: PUMPER Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: Chaparral Energy Attn: David Inventory No.: OS6196 API Well No. 35-113-43555-00-00
701 Cedar Lake Blvd. Well Name/No.: _____ Stith 1-S _____ Status: _____
OKC, OK 73114 Location: SW 5 24N 5E 1650W - 1005S Well Type: SWD
Phone: (405) 426-4397 Field Nm: _____ Lat/Lng: 36.582054, 96.79425 G

ROUTINE UIC INSPECTION

Purpose: Routine Periodic Responsible Company at Time of Inspection: Chaparral Energy Attn: David
Inspect No.: iJAY1127641392 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 8/14/2009 Test Result: _____ Casing: 7.000 in. Tubing: 4.500 in. USDW: 240 ft subsurfMonitoring Device Elected: _____
Monitoring Device: _____
FLM Canister Pressure: _____
Lease Status: Active
Barrel Monitor Hooked Up?: _____
Barrel Fluid Level (%): _____
Flowline Hooked Up?: Y
Injecting?: Y

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	AUTHORIZED
Actual Pressure:	<u>-28</u>	<u>0</u>	Max Pressure: <u>0</u>
How Determined?:	<u>UIC</u>	<u>UIC</u>	Min Req Press: _____
Static Fluid Level:	_____	_____	Max Rate: _____
How Determined?:	_____	_____	
Injection Rate (bpd):	_____	_____	How Rate Determined? _____

Comments

ACTIVE WELL.Evaluation: Name: *Richard J. [Signature]* Date: 10/6/11Inspection Results: 1 Follow-up: A Reason: SeeViolation Code: No 10 Frequency: NR

Received Date: 10/3/2011

United States Environmental Protection Agency
Washington, D. C. 20480

Received

JUL 29 2011

6EN-W

**Annual Disposal / Injection Well
Monitoring Report**

Operator: CHAPARRAL ENERGY, L.L.C.
701 CEDAR LAKE BOULEVARD
OKLAHOMA CITY, OK 73114

Owner: CHAPARRAL ENERGY, L.L.C.
701 CEDAR LAKE BOULEVARD
OKLAHOMA CITY, OK 73114

State: OK County: OSAGE Inventory Number: OS6196
Quarter Section: SW Section: 5 Township: 24N Range: 5E
Surface Location: 1005S/1650W

Well Activity **Type of Permit** **Lease Name** **Well Number**

Brine Disposal/ | X | Individual STITH 1-S
Enhanced Oil Recovery
No. of Wells: 1 | Area

Mth/Yr	INJECTION PRESSURE		INJECTION VOLUME INJECTED		TUBING/CASING ANNULUS PRESSURE OPTIONAL MONITOR	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jul-10	0		115,245			
Aug-10	0		95,200			
Sep-10	0		107,996			
Oct-10	0		92,115			
Nov-10	0		85,487			
Dec-10	0		99,905			
Jan-11	0		86,318			
Feb-11	0		104,072			
Mar-11	0		101,384			
Apr-11	0		72,692			
May-11	0		80,156			
Jun-11	0		90,831			

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Name and Official Title Signature Date Signed

David P. Spencer, Manager Regulatory Affairs  18-Jul-11

United States Environmental Protection Agency
Washington, D. C. 20480

**Annual Disposal / Injection Well
Monitoring Report**

Operator: CHAPARRAL ENERGY, L.L.C. 701 CEDAR LAKE BOULEVARD OKLAHOMA CITY, OK 73114	Owner: CHAPARRAL ENERGY, L.L.C. 701 CEDAR LAKE BOULEVARD OKLAHOMA CITY, OK 73114
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State: OK County: OSAGE Inventory Number: OS6196
Quarter Section: SW Section: 5 Township: 24N Range: 5E
Surface Location: 1005S/1650W

<u>Well Activity</u>	<u>Type of Permit</u>	<u>Lease Name</u>	<u>Well Number</u>
Brine Disposal/ Enhanced Oil Recovery No. of Wells: <u>1</u>	X Individual Area	STITH	1-S

Mth/Yr	INJECTION PRESSURE		INJECTION VOLUME INJECTED		TUBING/CASING ANNULUS PRESSURE OPTIONAL MONITOR	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jul-09	0		0			
Aug-09	0		0			
Sep-09	0		0			
Oct-09	0		119,040			
Nov-09	0		124,676			
Dec-09	0		129,301			
Jan-10	0		157,448			
Feb-10	0		113,980			
Mar-10	0		89,942			
Apr-10	0		76,503			
May-10	0		95,063			
Jun-10	0		92,925			

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Name and Official Title	Signature	Date Signed
David P. Spencer, Manager Regulatory Affairs		20-Sep-10

United States Environmental Protection Agency
Washington, D. C. 20480

**Annual Disposal / Injection Well
Monitoring Report**

Operator: CHAPARRAL ENERGY, L.L.C.
701 CEDAR LAKE BOULEVARD
OKLAHOMA CITY, OK 73114

Owner: CHAPARRAL ENERGY, L.L.C.
701 CEDAR LAKE BOULEVARD
OKLAHOMA CITY, OK 73114


State: OK County: OSAGE Inventory Number: OS6196
Quarter Section: SW Section: 5 Township: 24N Range: 5E
Surface Location: 1005S/1650W

Well Activity **Type of Permit** **Lease Name** **Well Number**
Brine Disposal/ | X | Individual STITH 1-S
Enhanced Oil Recovery
No. of Wells: 1 | Area

Mth/Yr	INJECTION PRESSURE		INJECTION VOLUME INJECTED		TUBING/CASING ANNULUS PRESSURE OPTIONAL MONITOR	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jul-09	0		0			
Aug-09	0		0			
Sep-09	0		0			
Oct-09	0		119,040			
Nov-09	0		124,676			
Dec-09	0		129,301			
Jan-10	0		157,448			
Feb-10	0		113,980			
Mar-10	0		89,942			
Apr-10	0		76,503			
May-10	0		95,063			
Jun-10	0		92,925			

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I certify under penalty of law that this document and all attachments were prepared under my supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 C.F.R. §122.22).

Name and Official Title	Signature	Date Signed
David P. Spencer, Manager Regulatory Affairs		20-Sep-10

Roll
File

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: 12/22/2009 2:30:00 PM Duration: 0.3
Operator Representative: NONE. Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: Chaparral Energy Attn: David Inventory No.: OS6196 API Well No. 35-113-43555-00-00
701 Cedar Lake Blvd. Well Name/No.: Stith 1-S 1-S Status: _____
OKC, OK 73114 Location: SW 5 24N 5E 1650W - 1005S Well Type: SWD
Phone: (405) 426-4397 Field Nm: _____ Lat/Lng: 36.582054, 96.79425 G

ROUTINE UIC INSPECTION

Purpose: Permit Responsible Company at Time of Inspection: Chaparral Energy Attn: David
Inspect No.: iJAY0936244664 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 8/14/2009 Test Result: _____ Casing: 7.000 in. Tubing: 4.500 in. USDW: 240 ft subsurf

Monitoring Device Elected: _____
Monitoring Device: _____
FLM Canister Pressure: _____
Lease Status: Active
Barrel Monitor Hooked Up?: _____
Barrel Fluid Level (%): _____
Flowline Hooked Up?: Y
Injecting?: Y

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	AUTHORIZED
Actual Pressure:	<u>-19</u>	<u>0</u>	Max Pressure: <u>0</u>
How Determined?:	<u>UIC</u>	<u>UIC</u>	Min Req Press: _____
Static Fluid Level:	_____	_____	Max Rate: _____
How Determined?:	_____	_____	
Injection Rate (bpd):	_____	_____	How Rate Determined? _____

Comments

ACTIVE WELL.

Evaluation: Name: *Donald J. [Signature]* Date: 1/13/10
Inspection Results: 1 Follow-up: A Reason: See
Violation Code: None Frequency: NR Received Date: 1/12/2010

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: 8/14/2009 9:30:00 AM Duration: 1.0
Operator Representative: ALAN HOUGH Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: Chaparral Energy Attn: David Inventory No.: OS6196 API Well No. 35-113-43555-00-00
701 Cedar Lake Blvd. Well Name/No.: Stith 1-S 1-S Status: _____
OKC, OK 73114 Location: SW 5 24N 5E 1650W - 1005S Well Type: SWD
Phone: (405) 426-4397 Field Nm: _____ Lat/Lng: 36.582054, 96.79425 G

ROUTINE W/MIT INSPECTION

Purpose: Permit Responsible Company at Time of Inspection: Chaparral Energy Attn: David
Inspect No.: iJAY0922936176 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 8/14/2009 Test Result: _____ Casing: 7.000 in. Tubing: 4.500 in. USDW: _____ ft subsurf

Monitoring Device Elected: _____
Monitoring Device: _____
FLM Canister Pressure: _____
Lease Status: Active
Barrel Monitor Hooked Up?: _____
Barrel Fluid Level (%): _____
Flowline Hooked Up?: N
Injecting?: N

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	AUTHORIZED
Actual Pressure:	<u>0</u>	<u>0</u>	Max Pressure: _____
How Determined?:	<u>UIC</u>	<u>UIC</u>	Min Req Press: _____
Static Fluid Level:	<u>319</u>	<u>0</u>	Max Rate: _____
How Determined?:	<u>E</u>	<u>O</u>	
Injection Rate (bpd):	<u>0</u>		How Rate Determined? <u>CI</u>

Comments

NEW PERMIT WELL, HELD PRESSURE-OK.

Evaluation: Name: *Russell J. Smith* Date: 8/28/09
Inspection Results: 10 Follow-up: D Reason: PRM
Violation Code: None Frequency: EM Received Date: 8/24/2009

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495
Pawhuska, OK 74056Inspector: J. Andrew Yates Dt/Tm Inspected: 8/4/2009 3:00:00 PM Duration: 0.3
Operator Representative: FRANK BELLAMY Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: Chaparral Energy Attn: David Inventory No.: OS6196 API Well No. 35-113-43555-00-00
701 Cedar Lake Blvd. Well Name/No.: Stith 1-S 1-S Status: _____
OKC, OK 73114 Location: SW 5 24N 5E 1650W - 1005S Well Type: SWD
Phone: (405) 426-4397 Field Nm: _____ Lat/Lng: 36.582054, 96.79425 G

ROUTINE UIC INSPECTION

Purpose: Fluid Level Monitoring Responsible Company at Time of Inspection: Chaparral Energy Attn: David
Inspect No.: iJAY0922332201 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: _____ Test Result: _____ Casing: 7.000 in. Tubing: 4.500 in. USDW: _____ ft subsurf

Monitoring Device Elected: _____

Monitoring Device: _____

FLM Canister Pressure: _____

Lease Status: Active

Barrel Monitor Hooked Up?: _____

Barrel Fluid Level (%): _____

Flowline Hooked Up?: NInjecting?: N

Tubing Annulus

Fittings: Y Y **AUTHORIZED**Actual Pressure: 0 0 Max Pressure: _____How Determined?: UIC UIC Min Req Press: _____Static Fluid Level: 87 Max Rate: _____How Determined?: EInjection Rate (bpd): 0 How Rate Determined? CI

Comments

NEWLY DRILLED PERMIT WELL, CSG. HEAD W/ TBG. NO LINES CONNECTED.Evaluation: Name: *Paradise Energy* Date: 8/27/09Inspection Results: 10 Follow-up: D Reason: PRMViolation Code: None Frequency: EM

Received Date: 8/14/2009

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency

P. O. Box 1495
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: 10/22/2009 1:00:00 PM Duration: 0.3
Operator Representative: NONE. Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: Chaparral Energy Attn: David Inventory No.: OS6196 API Well No. 35-113-43555-00-00
701 Cedar Lake Blvd. Well Name/No.: Stith 1-S 1-S Status: _____
OKC, OK 73114 Location: SW 5 24N 5E 1650W - 1005S Well Type: SWD
Phone: (405) 426-4397 Field Nm: _____ Lat/Lng: 36.582054, 96.79425 G

ROUTINE UIC INSPECTION

Purpose: Permit Responsible Company at Time of Inspection: Chaparral Energy Attn: David
Inspect No.: iJAY0929941812 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 8/14/2009 Test Result: _____ Casing: 7.000 in. Tubing: 4.500 in. USDW: 240 ft subsurf

Monitoring Device Elected: _____
Monitoring Device: _____
FLM Canister Pressure: _____
Lease Status: Active
Barrel Monitor Hooked Up?: _____
Barrel Fluid Level (%): _____
Flowline Hooked Up?: Y
Injecting?: Y

	Tubing	Annulus	
Fittings:	<u>Y</u>	<u>Y</u>	AUTHORIZED
Actual Pressure:	<u>-30</u>	<u>0</u>	Max Pressure: <u>0</u>
How Determined?:	<u>UIC</u>	<u>UIC</u>	Min Req Press: _____
Static Fluid Level:	_____	_____	Max Rate: _____
How Determined?:	_____	_____	
Injection Rate (bpd):	_____	_____	How Rate Determined? _____

Comments

ACTIVE WELL.

Evaluation: Name: *Summit* Date: 12/17/09

Inspection Results: 1 Follow-up: A Reason: See

Violation Code: None Frequency: NK

Received Date: 11/2/2009

Mechanical Integrity Test Results

SCAN CODE: 28

Casing or Annulus Pressure Test**Osage Nation / Environmental Protection Agency**P.O. Box 1495
Pawhuska, OK 74056Inspector: J. Andrew YatesTest Date: 08/14/2009 Test Time: 10:00 AMOperator Representative: ALAN HOUGH

Date Report Sent to Operator: _____

General Well Data

Operator: Chaparral Energy Attn: David Inventory Number: OS6196
701 Cedar Lake Blvd. API Well No.: 35-113-43555-00-00
OKC, OK 73114 Well Name/No.: Stith 1-S
Location: SW 5 24N 5E 1005S - 1650W
Phone: (405) 426-4397 Field name: _____
Injection Interval: 3705 - 4848 USDW Bot: _____ Well Type: SWD
Annulus Fluid Type: _____ Concentric Pkr: - Packer Depth: 3688 Casing: 7,000 in. Tubing: 4,500 in.

Tubing and Annulus Pressure Test ResultsType of MIT: Std. Annulus Pres. TestTest Reason: New PermitInj. Status: N Inj. Rate: 0 bpd Tubular Lining: Ceramic Time Since Ann Filled: _____ Hrs

		Tubing		Annulus		Flowback		Pressure		Volume	
		Time	Pressure	Time	Pressure						
Pre-Test:			<u>0</u>		<u>0</u> psi	High:		<u>200</u>	psi		
Initial:		<u>10:00 AM</u>	<u>0</u>		<u>200</u> psi	Mid:		<u>100</u>	psi	<u>6000</u>	ml
Mid:		<u>10:15 AM</u>	<u>0</u>		<u>200</u> psi	Low:		<u>20</u>	psi	<u>5000</u>	ml
Final:		<u>10:30 AM</u>	<u>0</u>		<u>200</u> psi	End:		<u>0</u>	psi	<u>1000</u>	ml
						Total Volume:				<u>12000</u>	ml

Casing/Tubing Annulus Monitoring

Device: _____

Fluid Level: _____ Annulus Prs: _____ psi

Test Result: Acceptable

Failure Type: _____

Failure Cause: _____

Repair Due: _____

Engineer Signature: Rick L. DavisReview Date: 08/19/2009**ADA Pressure Test - Required Test Pressure**

(Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure)

	Tubing	Annulus
Depth to Top Perf/Open Hole:	_____ ft	_____ ft
Depth to Fluid Level:	_____ ft	_____ ft
Fluid Column Height:	_____ ft	_____ ft
Specific Gravity of Fluid:	<u>1.06</u>	<u>1.06</u>
Nitrogen Weight Factor:	_____	_____
Required Test Pressure:	_____ psi	_____ psi

Additional Comments for Mechanical Integrity TestPKR. @ 3688' OPEN HOLE COMP. W/ BOTTOM OF 7"CSG. @ 3705'. OPEN HOLE FROM 3705-4848'.

*Need Auth to
Inject*

Received Date: 8/27/2009